

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

## BUREAU OF VITAL STATISTICS

State Index No. 166

## ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 80

Local Registrar No. \_\_\_\_\_

No. 3410 Turkey Shoot St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Severiano Sanchez

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate?

7. Date

Maleyes

5. No., in order of birth \_\_\_\_\_

yesMonth Day Year  
Feb. 21- 1927

8.

## FATHER

Full name

Gregorio Sanchez

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.11. Age at last birthday 39 (Years)

12. Birthplace (city or place)

Jalisco

(State or country)

Mex.

13. Occupation

Nature of Industry

Laborer

14.

## MOTHER

Full maiden name

Adelida Navarette

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.17. Age at last birthday 33 (Years)

18. Birthplace (city or place)

Sinaloa

(State or country)

Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 9(b) Born alive but now dead 1

(c) Stillborn \_\_\_\_\_

21. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Bornat 6:30 p.m.

on the date above stated

\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

Cyril M. Brown M.D.

(Physician or midwife)

Address

Miami, ArizonaGiven name added from  
a supplemental report

Month, day, year

Filed

Dec 7, 1927L. E. J. Jr.

Local Registrar.

Registrar

Filed

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County Registrar.

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